

Volunteer and Community Service Program

Date_____

Name_____

Address_____

City _____ State _____ Zip_____

Home Phone _____ Mobile _____

Are you over 18? Yes _____ No _____

Languages Spoken: English _____ Spanish _____ Other_____

Why did you choose Act? _____

Work Experience or Professional Certification

1. _____

2. _____

3. _____

Are you willing to volunteer those services with ACT yes____ no ____

Hours available: Am____ Pm____ Daily_____ Weekly_____

In case of emergency contact:

Name_____ Phone _____

Required Community Service Information

Reason for Community service_____

How many hours needed? _____

Community service contact person:

Name _____

Title _____

Phone _____